

Prescribed form of Data Request from NWRD/ICRD

To
 The Director General
 Water Resources Planning Organization

1. Information of Data Requester: a) Name : b) Designation : c) Organization (Name and Address):	
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2: Type of the organization (pl. tick) :	i. Government/ Semi-government/Autonomous ii. Non-government/Private Company/Individual user iii. International Organization iv. Educational Institution v. Research Organization vi. Consultants/Consultancy firms vii. Others (please specify):
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3: For what purpose would you use the data from NWRD/ICRD:	
4: Name and Location of the study/project/research area:	
5. Purpose of the project/study /research etc.:	
6. Name of the Owner(s) and Client(s) of the project/study /research etc.:	Owner(s): Client(s):

7. Name and designation of the authorized recipient of the data:	
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8. List of Data required

Sl. No.	Name of the data layer	Data needed for		Analyzed Time Series data (for Decadal / Monthly/Yearly sum,max,min,avg)	Map (Vector/Raster)	Digital /Hard Copy/Both
		Location	Time Period			

Use separate sheet(s), if necessary.

9. Contact Person (to send data estimate, invoice from WARPO)	Name: Phone: Email:
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(a) Additional Information (Only for Students):

Name of Student(s):	
Name and Address of Educational Institute:	
Type of Institute	(National/ International, pl. mention below):
Degree of Course:	(Bachelor/Masters/Ph.D./other, pl. mention below):
Student ID number(s)	
Nationality of Student (s)	
Research Topic:	
Objective of the Research:	

Location and Name of the Research Area:	
Contact Address	Name: Phone: Email:
Name of the Supervisor:	
Phone:	
Email:	

N.B.

i. Please submit the data request form through supervisor/head of the department.

ii. One copy (digital and/or hard) of research output should be provided to WARPO in the form of report/thesis/dataset.

(b) Additional Information (Only for Research Work):

Name and Address of Your Institute:	
Type of Institute	(National / International) (pl. mention):
Research Topic:	
Objective of the Research:	
Name and Location of the Research Area:	

Type of Research:	(Single / Collaborative / Multiple / Commercial / other) (pl. mention):
Name of Research Partner(s):	
Contact Address	Phone: Email:

N.B. Please provide one copy (digital and/or hard) of research output to WARPO in the form of report/thesis/dataset.

SIGNATURE *	DATE
FULL NAME :	
DESIGNATION :	
ORGANISATION:	

N.B.

- i. Please send this 'Data Request Form' through the head of organization/ agency/ department/ project director/ research supervisor in the official letterhead.
- ii. The complete form (either digital or paper copy) can be sent to the following email or fax/postal address of WARPO. (**Except for the Student of national institute and research work of national institute**)

E-mail: pso_cis@warpo.gov.bd

or

data@warpo.gov.bd

- a) **For student of National Institute:** requested to submit only the paper copy of 'Data Request Form' by post or by hand.
- b) **For research work of National Institute:** requested to submit only the paper copy of 'Data Request Form' by post or by hand.